PTO/SB/06 (8-96)
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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 10612633 OTHER THAN CLAIMS AS FILED - PART I **SMALL ENTITY** OR **SMALL ENTITY** (Column 2) (Column 1) FEE **NUMBER EXTRA** RATE NUMBER FILED RATE FEE FOR **BASIC FEE** s 395 OR \$ (37 CFR 1.16(a)) TOTAL CLAIMS x s11 0 0 minus 20 = OR x \$ (37 CFR 1.16(c)) INDEPENDENT CLAIMS 0 minus 3 = 0 41 =OR == (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR 395 TOTAL OR TOTAL * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY OR SMALL ENTITY (Column 3) (Column 2) (Column 1) **CLAIMS** HIGHEST ADDI-ADDI-PRESENT REMAINING NUMBER RATE TIONAL TIONAL RATE AMENDARY AFTER PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR Total \$ 50 = Minus = <u>= کک </u> x (37 CFR 1.16(c)) OR Independent *** Minus 700 = x <u>160</u> = OR (37 CFR 1.16(b)) (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 180 360= OR TOTAL TOTAL OR 31 ADDIT. FEE ADDIT. FEE (Column 3) (Column 1) (Column 2) ADDI-ADDI-**CLAIMS** HIGHEST AMENDMENTA REMAINING NUMBER PRESENT **RATE** TIONAL TIONAL RATE **AFTER PREVIOUSLY EXTRA** FEE FEE PAID FOR AMENDMENT OR ** Total ς\$. Minus (37 CFR 1.16(c)) OR Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL. TOTAL ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) (Column 1) **HIGHEST** ADDI-ADDI-**CLAIMS** PRESENT REMAINING **NUMBER** RATE TIONAL RATE TIONAL AMENDMENT **AFTER** PREVIOUSLY **EXTRA** FEE FEE **AMENDMENT** PAID FOR OR Total Minus = (37 CFR 1.16(c)) OR Independent *** Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.